



**Arizona Acupuncture Board
of Examiners**

1400 West Washington, Suite 230
Phoenix, AZ 85007
Telephone (602) 542-3095 • Fax (602) 542-3093

PUBLIC INFORMATION REQUEST

This document represents the verified statement that _____ submitted
(Name of requesting party)

to the Arizona Acupuncture Board of Examiners on ____/____/____, a request that the agency
provide a copy or other reproduction of certain public records as specified below:

Specify records requested: (limit of 3 items per request)

1. _____
2. _____
3. _____

Signature of Requestor: _____ Daytime Phone #: _____

Email Address: _____

Complete Mailing Address of Requestor:

These records will be used for: ☐ Commercial purposes ☐ Non-commercial purposes

FOR OFFICE USE ONLY:

Date Request Received:	Amount:	Check Number:	Receipt Number:
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PUBLIC INFORMATION 2009 FEE SCHEDULE:

- | | |
|--|---------------------------------|
| 1. Copies of records, documents, letters, minutes, applications and files: | 25 cents per page |
| 2. Copies of current year board meeting minutes: | \$25.00 for each set of minutes |
| 3. Sale of lists and directories for commercial purposes: | \$60.00 |